Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PART I - FACE SHEET

	EDEFAL ASSISTAN		1, TYPE OF SUBMISSION: Application X Non-Construction	
Modified Standard Form 424 (Rev.02/07 to co	onfirm to the Corporation's eGrants Sys	stem)		
22. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS); 10/17/08	3. DATE RECEIVED BY STATE:		STATE A PPLICATION DENTIFIER:	
2b, APPLICATION D:	4. DATE RECEIVED BY FEDERAL A	GENCY:	FEDERAL DENTIFIER:	
09\$R09350B	10/17/08			
. APPLICATION INFORMATION		115714 175 (
		NAME AND CO	NTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER	
EGAL NAME: Parmona Valley Community Se NUNS NUMBER: 126436013	rvices	PERSON TO B area codes):	E CONTACTED ON MATTERS INVOLVING THIS AFPLICATION (give	
DDRESS (give street address, city, state, zi	p code and county):	NAME: Sandee Hayden		
141 South Spring Street			JMBER: (909) 593-7511 6	
Cleremont CA 91711		at semant areas	(909) 596-8445	
County: Los Angeles		INTERNET E-M	AIL ADDRESS: rsvpshayden@linkline.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 953100466	:	7. TYPE OF AF	-Based Organization RECEIVED OCT 1 7 2008	
. TYPE OF APPLICATION (Check appropriate	box).		l nct -	
X NEW NEW/P	REVIOUS GRANTEE		/ 001 1 7 2008 /	
CONTINUATION AMEND	DMENT	STATE CLEARING HOUSE		
Amendment, enter appropriate letter(2) in bo	ox(es):	J	L OLGARING HOUSE	
A, AUGMENTATION B. BUDGET REVI	SION			
D. NO COST EXTENSION D. OTHER (specify	v below):			
,	,,		DERAL AGENCY: tion for National and Community Service	
0a. CATALOG OF FEDERAL DOMESTIC ASS	SISTANCE NUMBER: 94,002	11 a DESCRIP	TVE TITLE OF APPLICANT'S PROJECT:	
0b. TITLE: Retired and Senior Volunteer Pro			munities RSVP	
			OGRAM INITIATIVE (IF ANY):	
 AREAS AFFECTED BY PROJECT (List Citie Azusa, Claremont, Covina, Diamond Bar, C Dimas, and Walnut 		110/01/02		
3, PROPOSED PROJECT: START DATE: 0	1/01/09 END DATE: 12/31/11	14, CONGRESS	NAL DISTRICT OF: g.Applicant b.Program	
5. ESTIMATED FUNDING: Year #; 1			TION SUBJECT TO REVIEW BY STATE EXECUTIVE	
		OKUER 12372	PROCESS?	
B. FEDERAL	\$ 71,203.00	Party.		
B. FEDERAL b. APPLICANT	\$ 71,203.00 \$ 31,923.00	X YES, THIS	PROCESS? PREAPPLICATION/AFFLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR BW ON:	
		X YES, THIS	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE IE STATE EXECUTIVE ORDER 12372 PROCESS FOR 22-OCT-08	
b. APPLICANT	\$ 31,923.00	, X YES, THIS TO T REVI DAT	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON: 17-OCT-08 FRAM IS NOT COVERED BY E.O. 12372	
b. AFFLICANT c. STATE	\$ 31,923.00 \$ 0.00	, X YES, THIS TO T REVI DAT NO. PROC.	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON: 17-OCT-08	
b. APPLICANT c. STATE d. LOCAL	\$ 31,923.00 \$ 0.00 \$ 31,923.00	, X YES, THIS TO T REVI DAT NO. PROC.	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR 2W ON: 17-OCT-08 RAM IS NOT COVERED BY E.O. 12372 LICANT DELINQUENT ON ANY FEDERAL DEST?	
b. APPLICANT c. STATE d. LOCAL e. OTHER	\$ 31,923.00 \$ 0.00 \$ 31,923.00 \$ 0.00	, X YES, THIS TO T REVI DAT NO. PROC.	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR 2W ON: 17-OCT-08 RAM IS NOT COVERED BY E.O. 12372 LICANT DELINQUENT ON ANY FEDERAL DEST?	
b. APPLICANT c. STATE d. LOCAL e. OTHER f. PROGRAM INCOME g. TOTAL 3. TO THE BEST OF MY KNOWLEDGE AND BULY AUTHORIZED BY THE GOVERNING BO	\$ 31,923.00 \$ 0.00 \$ 31,923.00 \$ 0.00 \$ 0.00 \$ 103,126.00 SELEF, ALL DATA IN THIS APPLICATIO	, X YES, THIS TO	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON: 17-OCT-08 RAM IS NOT COVERED BY E.O. 12372 LICANT DELINQUENT ON ANY FEDERAL DEST?	
b. APPLICANT c. STATE d. LOCAL e. OTHER f. PROGRAM INCOME g. TOTAL 8, TO THE BEST OF MY KNOWLEDGE AND BULLY AUTHORIZED BY THE GOVERNING BOY AWARDED.	\$ 31,923.00 \$ 0.00 \$ 31,923.00 \$ 0.00 \$ 0.00 \$ 103,126.00 BELEF, ALL DATA IN THIS APPLICATION OF THE APPLICANT AND THE APPLICANT	, X YES, THIS TO	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON: 17-OCT-08 ERAM IS NOT COVERED BY E.O. 12372 LICANT DELINQUENT ON ANY FEDERAL DEST? YES if "Yes," attach an explanation. NARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN	
b. APPLICANT c. STATE d. LOCAL e. OTHER f. PROGRAM INCOME g. TOTAL 8, TO THE BEST OF MY KNOWLEDGE AND BULLY AUTHORIZED BY THE GOVERNING BOY AWARDED.	\$ 31,923.00 \$ 0.00 \$ 31,923.00 \$ 0.00 \$ 0.00 \$ 103,126.00 BELEF, ALL DATA IN THIS APPLICATION OF THE APPLICANT AND THE APPLICANT	, X YES, THIS TO	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON: 17-OCT-08 FRAM IS NOT COVERED BY E.O. 12372 LICANT DELINQUENT ON ANY FEDERAL DEBT? YES IF "Yes," attach an explanation. NO NARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN LY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE	
b. APPLICANT c. STATE d. LOCAL e. OTHER f. PROGRAM INCOME g. TOTAL 8. TO THE BEST OF MY KNOWLEDGE AND BULY AUTHORIZED BY THE GOVERNING BO'S AWARDED. TYPED NAME OF AUTHORIZED REPRESENT Floy Biggs	\$ 31,923.00 \$ 0.00 \$ 31,923.00 \$ 0.00 \$ 0.00 \$ 103,126.00 BELEF, ALL DATA IN THIS APPLICATION DY OF THE APPLICANT AND THE APPLICATIVE: b. TITLE: CEO	, X YES, THIS TO	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR 2W ON: 17-OCT-08 ERAM IS NOT COVERED BY E.O. 12372 LICANT DELINQUENT ON ANY FEDERAL DEST? YES if "Yes," attach an explanation. NARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN LY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE 1. TELEPHONE NUMBER: (909) 621-9900	
b. APPLICANT c. STATE d. LOCAL e. OTHER f. PROGRAM INCOME g. TOTAL 3. TO THE BEST OF MY KNOWLEDGE AND BULY AUTHORIZED BY THE GOVERNING BO' AWARDED. TYPED NAME OF AUTHORIZED REPRESENT	\$ 31,923.00 \$ 0.00 \$ 31,923.00 \$ 0.00 \$ 0.00 \$ 103,126.00 BELEF, ALL DATA IN THIS APPLICATION DY OF THE APPLICANT AND THE APPLICATIVE: b. TITLE: CEO	, X YES, THIS TO	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE HE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON: 17-OCT-08 FRAM IS NOT COVERED BY E.O. 12372 LICANT DELINQUENT ON ANY FEDERAL DEST? YES IF "Yes," attach an explanation. NARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN LY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE C. TELEPHONE NUMBER:	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE			1. TYPE OF SUBMISSION:		
Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)			Application X Non-Construction		
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/17/08	3. DATE RECEIV	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER: n/a	
2b. A PPLICATION ID:	4. DATE RECEIV	ED BY FEDERAL AGE	ENCY:	FEDERAL IDENTIFIER:	
09SR093809	10/17/08				
5. A PPLICATION INFORMATION					
EGAL NAME: YMCA of Greater Whittier DUNS NUMBER: 089884592 ADDRESS (give street address, city, state, zip code and county): 12510 E Hadley St 2nd Floor Whittier CA 90601 - 3942 County: Los Angeles 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951684795 8. TYPE OF APPLICATION (Check appropriate box). NEW X NEW/PREVIOUS GRANTEE CONTINUATION AMENDMENT If Amendment, enter appropriate letter(s) in box(es): A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME Robert Warnock TELEPHONE NUMBER: (562) 907-6545 FAX NUMBER: (562) 698-2275 INTERNET E-MAIL ADDRESS: bw arnock@ymcaw hittier.org 7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization PECEVED OCT 2 0 2008 STATE CLEARING HOUSE			
		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program 12. AREAS AFFECTED BY PROJECT (List Cities, Countles, States, etc):		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP of Whittier and the San Gabriel Valley 11.b. CNCS PROGRAM INITIATIVE (IF ANY):			
It is bounded by the cities of Downey, Nor on the south, the cities of Pico Rivera, Mon	and the second of the second of the	977			
13. PROPOSED PROJECT: START DATE: 01	/01/09 END [DATE: 12/31/11	14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 39 b.Program CA 39		
a. FEDERAL	\$ 125,569.00 \$ 97,632.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
c. STATE	\$ 36,682.00		CONTRACTOR OF THE PARTY OF THE	REVIEW ON: DATE: 17-OCT-08	
d. LOCAL	\$ 60,950.00			RAM IS NOT COVERED BY E.O. 12372	
e, OTHER	\$ 0.00	-		ICANT DELINQUENT ON ANY FEDERAL DEBT? (ES if "Yes," attach an explanation. X NO	
f. PROGRAM INCOME	\$ 0.00				
STREET THE PARTY OF THE PARTY O				ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN Y WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REPRESENT Mike Blackmore	ATIVE:	b. TITLE: President & CEO		c. TELEPHONE NUMBER: (562) 907-2727	
d. SIGNATURE OF A UTHORIZED REPRESENTATIVE:		2.300	e. DATE SIGNED: 10/17/08		

Application for Federal Assistance SF-424 Version 02							
*1. Type of Submission:	*2. Type of Applicati	ion * If Revision, select appropriate letter(s)					
☐ Preapplication	⊠ New						
	☐ Continuation	*Other (Specify)					
☐ Changed/Corrected Application	Revision						
3. Date Received: 4	3. Date Received: 4. Applicant Identifier:						
5a. Federal Entity Identifier: *5b. Federal Award Identifier:							
State Use Only:	Part of the Control o						
6. Date Received by State:	7. State Ap	pplication Identifier:					
8. APPLICANT INFORMATION:							
*a. Legal Name: Community Housing	Improvement Progran	n, Incorporated					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2223398 *c. Organizational DUNS: 010998797							
d. Address:							
*Street 1: <u>1001 Willo</u>	w Street						
Street 2:		DEG					
*City: <u>Chico</u>		RECEIVED					
County: <u>Butte</u>		0CT 2 0 2008					
*State: <u>CA</u>		STATE CLEARING					
Province:		STATE CLEARING HOUSE					
*Country: <u>U.S.A.</u>	Table are						
*Zip / Postal Code 95928							
e. Organizational Unit:							
Department Name: N/A		Division Name:					
f. Name and contact information o	f person to be contac	ted on matters involving this application:					
Prefix:	*First Name: _	lmelda					
Middle Name:							
*Last Name: Michel							
Suffix:							
Title: Self-Help Housing F	Program Manager						
Organizational Affiliation:							
*Telephone Number: (530) 891-693	1, ext. 231	Fax Number: (530) 891-8547					
*Email: imichel@chiphousing.org							

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency:	
USDA Rural Development	
11. Catalog of Federal Domestic Assistance Number:	
10-420	
CFDA Title:	
Rural Self-Help Housing Technical Assistance	
	The party and the second secon
*12 Funding Opportunity Number:	
*Title:	
13. Competition Identification Number:	
Title:	
	:
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Butte, Glenn Tehama, and Shasta Counties.	
*15. Descriptive Title of Applicant's Project:	
The 100% application is for \$2,300,000, Section 523 TA Grant to complete 95 equivalent units, single family homes.	

Application for Federal Assistance SF-424 Version 0						
16. Congression	al Districts Of:					
*a. Applicant: CA-002						
17. Proposed Pr	oject:		A CONTRACTOR OF THE CONTRACTOR			
*a. Start Date: 6/01/2009						
18. Estimated Funding (\$):						
*a. Federal	2,300,000					
*b. Applicant	-	·				
*c. State						
*d. Local				·		
*e. Other						
*f. Program Incom	ne					
*g. TOTAL	2,300,000					
*10 le Applicatio	on Subject to Review By Sta	te Under Executive Order	12272 Process?			
	ation was made available to the			oce for review on 10/12/2009		
				ess for review off <u>10/13/2006</u>		
_	subject to E.O. 12372 but has	Thot been selected by the S	state for review.			
c. Program is	not covered by E. O. 12372					
*20. Is the Applic	cant Delinquent On Any Fed	leral Debt? (If "Yes", prov	ide explanation.)			
☐ Yes	⊠ No					
herein are true, co with any resulting	emplete and accurate to the be	est of my knowledge. I also am aware that any false, fic	provide the required titious, or fraudulent	s** and (2) that the statements d assurances** and agree to comply statements or claims may subject		
★* I AGREE						
** The list of certife agency specific in		n internet site where you ma	ay obtain this list, is o	contained in the announcement or		
Authorized Repre	esentative:					
Prefix:		*First Name: David				
Middle Name:						
*Last Name:	Ferrier					
Suffix:						
*Title: Executive I	Director					
*Telephone Numb	er: (530) 891-6931, ext. 240		Fax Number: (530)) 891-8547		
* Email: dferrier@	chiphousing.org					
*Signature of Auth	norized Representative.			*Date Signed: 10/15/2008		

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE			1, TYPE OF SUBMISSION:		
Modified Standard Form 424 (Rev.02/07	to confirm to the Corpe	oration's eGrants System)	Application X Non-Construction	
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS); 10/20/08	3. DATE RECE	3. DATE RECEIVED BY STATE		STATE APPLICATION DENTIFIER	
2b. APPLICATION ID:	4. DATE RECE	OVED BY FEDERAL AGEN	ICY:	FEDERAL IDENTIFIER:	
09SF093519	10/20/08				
5. APPLICATION INFORMATION				1	
LEGAL NAME Fresho County Economic	Opportunities Comme			TACT NEORMATION FOR PROJECT DIRECTOR OR OTHER	
DUNS NUMBER: 076786023 ADDRESS (give street address, city, state, zip code and county): 1920 Mariposa Mail Suite 300 Fresno CA 93721 - 2504 County: Fresno			PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Victoria A. Lopes TELEPHONE NUMBER: (559) 263-1533 FAX NUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS; vickl.lopes@fresnoeoc.org		
		/): 			
6. EMPLOYER DENTIFICATION NUMBER	(BN):	7	7. TYPE OF APPL	ICANT:	
941606519	(4)		a. Non-Profit		
8. TYPE OF APPLICATION (Check appropriate box). NEW X NEW/FREVIOUS GRANTEE CONTINUATION AMENDMENT If Amendment, enter appropriate letter(s) in box(es): A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		,	7b. Community Action Agency/Community Action Program Community-Based Organization PECEIVED OCT 2 0 2008 STATEMENT SOLUTION Comparation for National and Continuous Solutions		
10a, CATALOG OF FEDERAL DOMESTIC	ASSISTANCENUMBER	٠	O. NAME OF FED Corporation	on for National and Confimunity Service	
10b. YITLE: Foster Grandparent Progra	m	,	Fresno/Madera FGP 11.b. CNCS PROGRAM INSTINTIVE (IF ANY);		
12. AREAS AFFECTED BY PROJECT (Lis Fresho County, CA and configuous o		s, etc):			
13. PROPOSED PROJECT: START DATE	E 01/01/09 END	DATE 12/31/09 1	4. CONGRESSIO	NAL DISTRICT OF: a.Applicant CA 20 b.Program CA 20	
15. ESTIMATED FUNDING: Year #: 1		1.0	B, IS APPLICATION ORDER 12972 PR	ON SUBJECT TO REVIEW BY STATE EXECUTIVE	
a, FEDERAL	\$ 349,757.00			ACCAPPLICATION/APPLICATION WAS MADE AVAILABLE	
b. APPLICANT	\$ 85,399.00		TO THE	STATE EXECUTIVE ORDER 12372 PROCESS FOR	
c. STATE	\$ 0.00	700			
d. LOCAL	\$ 76,637,00		NO. PROGRAMIS NOT COVENED BY E.O. 12372		
e, OTHER	3 8,762.00			CANT DELINQUENT ON ANY FEDERAL DEBT? 3 If "Yes," attach an explanation. X NO	
F. PROGRAM INCOME	\$ 0.00				
g. TOTAL	\$ 435,156,00)			
18. TO THE BEST OF MY KNOWLEDGE A	NO BELLEF. ALL DATA	IN THIS APPLICATION PR		ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN VIVITH THE ATTACHED ASSURANCES IF THE ASSISTANCE	
B. TYPED NAME OF AUTHORIZED REFRE	SENTATIVE	b. TILE		c. TELEPHONE NUMBER:	
Roger Palomino	Anth-or	Executive Director		(559)263-1010	
d. SIGNATURE OF AUTHORIZED REFREE	SENTATIVE			e. DATE SIGNED: 10/20/08	

PART | - FACE SHEET

29, DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/20/08	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER:		
Eb, APPLICATION ID:	4, DATE RECEIVED BY FEDERAL A	AGENCY: FEDERAL IDENTIFIER:		
09SR092925	10/20/06	085RPCA004		
S, APPLICATION INFORMATION				
LEGAL NAME Volunteer Center Orange Cou DUNS NUMBER: 054360722	inty	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give Bree codes):		
ADDRESS (give street address, city, state, zij 1901 E. 4th Street Suite 100 Santa Ana CA 92705 - 3918 County: Orange	p code and county):	NAME: Perry Wiggins TELEPHONE NUMBER: (714) 953-5757 215 FAX NUMBER: (714) 834-0565 INTERNET E-MAIL ADDRESS; pw.iggins@volunteercenter.org		
8. EMPLOYER IDENTIFICATION NUMBER (EIN): 952021700		7. TYPÉ OF APPLICANT: 7a. Non-Profit 7b. Volunteer Management Organization RECEIVED OCT 2 1 2008		
8. TYPE OF APPLICATION (Check appropriate	box).	7b. Volunteer Management Organization		
NEW NEW/PI	REVIOUS GRANTEE	OCT 2 1 2008		
x CONTINUATION AMEND	MENT	STATE		
lf Amendment, enter appropriate fetter(s) in be	DX(0E);	STATE CLEARING HOUS		
A. AUGMENTATION 8. BUDGET REVI	SION			
C, NO COST EXTENSION D. OTHER (specify	helow).			
	····-	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
10a. CATALOG OF FEDERAL DOMESTIC ASS 10b. TITLE: Ratired and Senior Volunteer Pro		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP - Orange County. CA		
12. AREAS AFFECTED BY PROJECT (List Cities All of greater Orange County, CA	as, Counties, Stales, etc):	11.b. CNCS PROGRAM INITIATIVE (IF ANY):		
13. PROPOSED PROJECT: START DATE: 01	//01/00 END DATE: 12/31/10	14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 48 b.Program CA 48		
15. ESTIMATED FUNDING: Year #: 2		16, IS APPLICATION SUBJECT TO RÉVIÉW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
e, FEDERAL b, APPLICANT	\$ 135,360.00 \$ 56,675.00	YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
D. APPLICANI				
c STATE	\$ 0.00	REVIEW ON: 21-OCT-08		
c. STATE	\$ 0.00	DATE: 21-OCT-08		
c. STATE	\$ 0.00 \$ 58,675.00	21-OCT-08		
		DATE: 21-OCT-08 NO. PROGRAMIS NOT COVERED BY E.O. 12372		
d. LOCAL	\$ 58, <u>675.00</u>	DATE: 21-OCT-08 NO. PROGRAM IS NOT COVERED BY E.O. 12372 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. LOCAL 9. OTHER 1. PROGRAM INCOME 9. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BOULY AUTHORIZED BY THE GOVERNING BOU	\$ 0.00 \$ 0.00 \$ 0.00 \$ 194,035.00 BELIEF, ALL DATA IN THIS APPLICATION	DATE: 21-OCT-08 NO. PROGRAM IS NOT COVERED BY E.O. 12372 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. LOCAL 9. OTHER 1. PROGRAM INCOME 9. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND B	\$ 0.00 \$ 0.00 \$ 0.00 \$ 194,035.00 BLIEF, ALL DATA IN THIS APPLICATION DY OF THE APPLICANT AND THE APPLIC	DATE 21-OCT-08 NO. PROGRAM IS NOT COVERED BY E.O. 12372 17, IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES If "Yes," slisch an explanation. X NO		

APPLICATION FOR				A notice and the	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED October 22, 2008		Applicant Ide	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		1. No. 2011 Marie 2011 1 2011 1 2011 2 2011 2 2011 2 2011 2 2011 2 2011 2 2011 2 2011 2 2011 2 2011 2 2011 2 2	dian Identifier	
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Y Federal Ident	lifier	
5. APPLICANT INFORMATION	Non-Construction					
Legal Name:	•		Organizational U	nit		
City of Woodland				opment Departme	nt	
				nd Housing Divisio		
Address:	DECE	INFD		phone number of person to be contacted on matters		
Street: 300 First Street	TLUE		involving this ap	olication (give are		
	OCT 2	2 2008 Refix:		First Name: Cynthia		
City: Woodland			Middle Name		N NO.	
County: Yolo	STATE CLEA	RING HOUSE	Last Name			
State:	Zin Code 95695	SCHOOL CONCRETATION	Suffix:	-		
Country:		-	Email: cynthia.shallit@c	itvofwoodland.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g		Fax Number (give area code)	
94 -6000459	, ,		(530) 661-5815		(530) 406-0832	
8. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See back	k of form for Application Types)	
Nev		n Revision	City or Township	Covernment		
If Revision, enter appropriate tell (See back of form for description	ler(s) in box(es) of letters.)		Other (specify)	Government		
Other (specify)			9. NAME OF FED U.S. Economic D	NAME OF FEDERAL AGENCY: S. Economic Development Administration		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program): PWEDA 11.300 Public Works and Economic Development 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		Planning and design of City of Woodland's Downtown Parking Garage				
Yolo County /City of Woodland						
13. PROPOSED PROJECT				NAL DISTRICTS		
Slart Date: March 2009	Ending Date: August 2009	} . €	a. Applicant First		b. Project First	
15. ESTIMATED FUNDING:		•	16. IS APPLICA' ORDER 12372 PE		O REVIEW BY STATE EXECUTIVE	
a. Federal \$	***	125,000	a. Yes. 🔀 THIS	PREAPPLICATI	ON/APPLICATION WAS MADE	
b. Applicant 5		125,000	2 5 5 5 5 50	LABLE TO THE S CESS FOR REVIE	STATE EXECUTIVE ORDER 12372	
c. State \$		ua	DATE	October 22, 200	8	
d. Local \$, na	b. No. PROC	GRAM IS NOT CO	VERED BY E. O. 12372	
e. Other \$		125,000	ORF		OT BEEN SELECTED BY STATE	
f. Program Income \$	٠,	125,500 W		REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	-	375,000	Yes If "Yes" a	ttach an explanation	on. 🔯 No	
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	Y AUTHORIZED BY TH	IEF, ALL DATA IN TI E GOVERNING BOD	HIS APPLICATION/PR	EAPPLICATION A	ARE TRUE AND CORRECT. THE LICANT WILL COMPLY WITH THE	
a. Authorized Representative						
Richix .	First Name Mark		MI _G	ddle Name		
Last Name Deven			Şu	ffix		
b. Tille City Manager			(5	Telephone Numbe 30) 661-5800	F (givo area code)	
d. Signature of Authorized Repre	contative Constitution of	do mais	Deven_ o	Date Signed ctober 22, 2008		
Previous Edition Usable Authorized for Local Reproduction					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED October 22, 2008		Applicant Iden	tiller Version 7703
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application	Pre-application	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Construction Non-Construction	Construction Non-Construction			T CCC LI IGOTAL	
5. APPLICANT INFORMATION	N				
Legal Name:			Organizational Unit		
City of Woodland			Department:		
Organizational DUNS: 095878	80		Division: Redevelopment and	Housing Divisio	Π
Address:	- REC	EIVED	Name and telephor		rson to be contacted on matters
Street: 300 First Street		0.0000	Prefix:	First Name: Cynthia	a code)
CIIV.	- OCL	2 2 2008	Middle Name	Cynthia	
City:			J.		
County: Yolo		ARING HOUSE	Shallit Name		
Strla:	Zio Colle 95695	ACTUAL DESIGNATION OF A TOTAL PROPERTY AND ADMINISTRATION OF A SECURITION OF A SECURITION OF A SECURITION OF A	Suffix:		
Country:			Email: cynthis.shallit@city	ofwoodland.org	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give	ares code)	Fax Number (give area code)
94 -6000459			(530) 661-5815		(530) 406-0832
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
If Revision, enter appropriate to		n Revision	City or Township Go	overnment	
(See back of form for description	on of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: U.S. Economic Development Administration		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
		_			
TITLE (Name of Program): PWEDA 11.300 Public Works	and Economic Developme	an)			# - # D
12. AREAS AFFECTED BY P			Planning and design of City of Woodland's Downtown Perking Garage		
Yolo County /City of Woodlan		• Annual Control of the Control			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	
Start Date: March 2009	Ending Date: August 2009		a. Applicant First		b. Project First
16. ESTIMATED FUNDING:			N. AMAZON	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
2001-0 0 000-0 00 000-0 000-0 000 000 000	<u> </u>		ORDER 12372 PRO		ONVADELIGATION WAS MADE
		125,000			ON/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant	\$	125,000	1	SS FOR REVIE	
c. State	5	, w	DATE:	October 22, 200	8
d. Local	\$,00	D. NO. A		VERED BY E, O. 12372
e, Other	\$	125,000	OR PR	ogram has N	OT BEEN SELECTED BY STATE
f. Program Income	<u> </u>	375,000	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g	\$, uo	Yes If "Yes" and		
18. TO THE BEST OF MY DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	LY AUTHORIZED BY TH	ie governing body	IS APPLICATION/PRE	APPLICATION A AND THE APPL	ARE TRUE AND CORRECT. THE
a. Authorized Representative	First Name		Midd	lle Name	
Mr. Mr.	First Name Mark		G,		
Deven			Suffi		(ci. o one code)
b. Tille City Manager			(530	lephone Number 0) 661-5800	(Alse alea code)
d. Signature of Authorized Rep	ordsentative Cumplicus	for marca	Deven on	ate Signed ober 22, 2008	Chandest Form 404 /Box D 2005
Previous Edition Usable Authorized for Local Reproduc					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

MB Approval No. 0348-0043

APPLICATION FOR F.	EDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier			
1. Type of Submission:	, and the second	3. Date Rec'd by State	State Application Identifier			
	Preapplication					
	Construction	4. Date Rec'd by Federal	Federal Identifier			
X Nonconstruction	Nonconstruction		1 98910009			
5. Applicant Information:		Organizational Unit:				
Legal Name and Address:		Division of Water Quality				
(give city, county, state, and		Name and telephone of person to be	contacted on RECEIVED			
SPECIAL PROPERTY OF THE PROPER	esources Control Board	ming and white ming white ming (B. 12 ming				
	Sacramento County	Liz Haven	OCT 2 3 2008			
Sacramento, C	California 95814	(916) 341-5573				
6. Employer Identification I	Number (EIN): 680281986	A. State H. Indep	iate letters TANE CLEARING HOUS pendent School District			
6. DUNS Number: 808	3321913	B. County I. State	nstitute of Higher Learning			
8. Type of Application:			e University			
NewRevision	_X_ Continuation	D. Township K. India				
If Revision, enter appropriat	e lettcr(s):	E. Interstate L. Indiv	The tank and the t			
A. Increase Award			t Organization			
C. Increase Duration		G. Special District N. Other	r (specify)			
Other (specify)		O. Nierra CF. damil America				
10 C. 1 60-1 1 D	satia Amaiatanaa Nissahaa		Name of Federal Agency: U. S. Environmental Protection Agency			
 Catalog of Federal Dom 66.419 	estic Assistance Number	O. S. Environmental F	rotection Agency			
	on Control State and Interstate	11. Descriptive Title of Applicant's l	Project:			
Program Sup		The 25000 sparte This ox separation	,			
₅ 2.up	po. 1	To protect and improve California's s	surface waters in the			
12. Area Affected by Projec	rt:	implementation of water quality laws	2			
(cities, counties, states, etc.)		Water Quality Control Act and the federal Clean Water Act (CWA).				
State of Califo	rnia					
13. Proposed Project:						
Start Date	End Date	14. Congressional District of:				
7/1/2008	6/30/2011	Applicant: Project:				
		3 Californi				
15. ESTIMATED FUNDIN	G:	16. Is the application subject to review	28.0			
	**** *** ***	Executive Order (EO) 12372 process				
a. Federal	\$23,851,257		/preapplication was made			
b. Applicant c. State	\$0	available to the State E	O 123/2 process for			
d. Local	\$17,814,772	review on:	etober 23, 2008			
e. Other	\$0 \$0	Commission and the	covered by EO # 12372			
f. Program Income	\$0		t been selected by the			
i. Program income		state for review	50			
g. TOTAL	\$41,666,029	17. Is the applicant delinquent on an				
g. TOTAL	B41,000,029	YES, attach explanation	_XNO			
		I 1,5,5, areasii expianationi				
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF, AL	L DATA IN THIS APPLICATION/PREA	PPLICATION ARE			
		Y AUTHORIZED BY THE GOVERNING				
		THE ATTACHED ASSURANCES IF TH				
IS AWARDED.						
a. Typed Name of Authorize	d Representative	b. Title:	c. Telephone Number			
Dorothy Rice	-	Executive Director	(916) 341-5615			
d. Signature of Authorized F	Representative		e. Date Signed:			
			10/28/2008			

OCT-24-2008 08:51 Surfx	Techologie	e <i>s</i>	310	310 388 6066 P.002	
APPLICATION FOR FEDERAL AS ANCE	2. DATE SUB	MITTED	Applicant Ident	ifier	
SF 424 (R&R)	3. DATE RECEIVED BY STATE		State Application	on Identifier	
1. * TYPE OF SUBMISSION					
Pre-application Application	4. Federal Ide	entifier	7		
Changed/Corrected Application					
5. APPLICANT INFORMATION		* Organization	onal DUNS: 005065664		
* Legal Name: Surfx Technologies LLC					
Department:	Division:				
* Street1: 3617 Hayden Avenue	Street2:			DECENTED	
	inty:		* State: CA: Califo	RECEIVED	
Province:	Country: JNIT	ED S1 * ZIP / Postal Cod	90232	OCT 2 4 2008	
Person to be contacted on matters involving this applica					
Prefix: * First Name:	Middle Name:		* Last Name:	STATE CLEANING HOUS	
Hans	Gregory				
* Phone Number: 310-558-0770, ext. 11t	ax Number: 310	0-388-6066	Email: wood@surfx	technologies.com	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICA	NT:		
95-4742361			R: Small Busines	ss	
8. * TYPE OF APPLICATION: V New		Other (Specify):			
Resubmission Renewal Continuation	Revision	Women Owned	Small Business Organizat	and Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	L AGENCY:		
A. Increase Award B. Decrease Award C. Inc	rease Duration	Chicago Service Center			
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDE	RAL DOMESTIC ASSIST	ANCE NUMBER:	
* Is this application being submitted to other agencies?	Yes No	81.049			
What other Agencies?		TITLE: Office of Science	ce Financial Assistance Pro	ogram	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	T:				
DOE Topic 46, Subtopic (a): Atmospheric Plasma Etchir	ng of Niobium Ca	avities			
12. * AREAS AFFECTED BY PROJECT (cities, counties	s, states, etc.)				
Culver City, Los Angeles County, CA	100 Marie 100 Ma				
13. PROPOSED PROJECT:		14. CONGRESSIONAL			
* Start Date	_	a. * Applicant CA 33	b. * Proje CA 33	oct	
			<u>CA 33</u>		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name:	R CONTACT INF Middle Name:	ORMATION	* Last Name:	Suffix:	
Dr. Peter	C.	-	Guschi	Cuma	
Position/Title: Applications Engineer	* Organization	on Name: Surfx Technolo	ogies LLC		
Department:	Division:				
* Street1: 3617 Hayden Avenue	Street2:				
* City: Culver City Cou	inty:		* State: CA: Califo	on	
Province:	* Country: JNIT	ED ST * ZIP / Postal C	Code: 90232		
* Phone Number: 310-558-0770, ext. 113	x Number: 310	-388-6066	* Email: guschl@sur	fxtechnologies.com	

OCT-24-2008 08:51 Surfx Techologies F.003 310 388 6066 SF 424 (R&R) APPLIC Page 2 ON FOR FEDERAL ASSISTANCE 16. ESTIMATED PROJECT FUNDING 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. YES 🗸 THIS PREAPPLICATION/APPLICATION WAS MADE a. * Total Estimated Project Funding 100,000.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. * Total Federal & Non-Federal Funds 100,000.00 DATE: 10/24/2008 c. * Estimated Program Income 4,099.00 PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18.By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ * I agree * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: Prefix: * First Name: Middle Name: * Last Name: Wood Gregory * Position/Title: President & Chief Executive Officer * Organization: Surfx Technologies LLC Department: Division: Street1: 3617 Hayden Avenue Street2: * State: CA: Califor * City: Culver City County: * Country: JNITED ST * ZIP / Postal Code: 90232 Province: Fax Number: |310-388-6066 * Phone Number: 310-558-0770, ext. 117 wood@surfxtechnologies.com * Signature of Authorized Representative * Date Signed Completed on submission to Grants.gov Completed on submission to Grants.gov And Attachment 20. Pre-application 21. Attach an additional list of Project Congressional Districts if needed. Add Attachment OMB Number: 4040-0001 Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE SF	-424		Version 02
1. Type of Submission. 2. T Preapplication X X Application X Changed/Corrected Application X	Type of Application New Continuation Revision	Other (specify	oloct appropriate letter(s)
3. Date Received		1. Applicant Identifier:	RECEIVED
5a. Fed Entity Identifier:		5b. Federal Award Identifie R021438	OCT 2 7 2008
State Use Only:			STATE CLEARING HOUSE
6. Date Received by State:		7. State Application Identific	
8. APPI ICANT INFORMATION:	L. Fire party		-
a. Legal Name: State of California			
b. Employer/Taxpayer Identification Number (EIN/TIN): 680364962		c. Organizational DUNS: 002540768	
d. Address:			
Street 1; 1516 Ninth Street MS-1	N. C.		
Street 2:			
City: Sacramento			
County: Sacramento			
State: CA			
Province:			
Country: U.S.A.			
Zip / Postal Code: 95814-5512			
e. Organizational Unit:	-		
Dopartment Name:		Division Name:	
Department Name.	1	California Energy Commissi	ion
f. Name and contact information of person to be contacted	on matters invol	ving this application:	
Prefix: Mr. First Name:	John		
Middle Name; P.			
Last Name: Butler			
Suffix: II			
Title: Manager	•		
Organizational Affiliation:			
Telephone Number: (916)654-4204		Fax Number: (916)654-4	076
Emall: jbutler@energy.state.ca.us	•		

ΛPD	PLICATION FOR FEDERAL ASSISTANCE SF-424	Version 02
		VGIGIOTI UZ
9. Y yp	pe of Applicant.	
А	State Government (State)	
10. Na	me of Federal Agency:	
U.	S. Department of Energy	
11. Cai	talog of Federal Domestic Assistance Number:	
81,0	041	
CFl	DA Tille:	
Sta	ate Energy Program	
12. Fur	nding Opportunity Number:	
DE	P\$26 08NT00284	
Title	e:	
٥١٩	рунип Year 2008 State Energy Program Formula Crants	
13. Ço:	mpetition Identification Number:	
Title	e:	
14. Ar	reas Affected by Project (Cities, Counties, States, etc.):	
Sta	atewide	
	,	
15, De	escriptive Title of Applicant's Project:	
		l

APPLICATION	N FOF	FEDERAL	ASSISTANC	E SF-424			Version 02
16.Congressional	l Distri	t Of:					
a, Applicant:	05				b. Program/Project:	Statewide	
Attach an additio	nal list	of Program/P	roject Congres	slonal Districts if	needod:		
17, Proposed Pro a. Start Date:		2008			b. End Date:	09/30/2009	
18. Estimated Fu	nding (\$):					·
a. Federal		2,151,000.00	14				
b. Applicant		430,200.00					
c. State		1.847,975.98					
d. Local		0.00					
e. Other		0.00					
í, Program Income	•	0.00					
g. TOTAL		4,429,175.98					
19. Is Application	subjec	t to Review By	State Under E	xecutive Order 12	2372 Prucess?:		
X a. This appli	cation v	vas made availa	able to the State	under the Executi	ve Order 12372 Process	s for review on: 05/12/2008	
b. Program i	is subje	ct to E.O. 1237:	2 but has not be	en sciected by the	State for review.		
c. Program is	s not co	overed by E.O.	12372				
20. Is the applicar	nt Delir	guent On Any	Federal Debt?	(If "Yes", provide	explanation)		
No							
herein are true, co comply with any r may subject me to	omplet resultir	and accurate g terms if I ac	to the best of cept an award.	my knowledge. I a I am aware that a	ilso provide the requir	ions** and (2) that the statements ed assurances** and agree to fraudulent statements or claims 01)	
X LAGREE						4	
" The list of certifi specific instructions		and assurance	es, or an internol	site where you ma	y oblain this list, is cont	tained in the announcement or agency	
Authorized Repre	esentat	ive:					
Prefix:	Mr.		First Name:	John			
Middle Name:	P.						
Last Name:	Butler						
Suffix:	II						
Title:	Manag	jer					
Telephone Numbe	er: (9	16)654-4204			Fax Number:		
Email:	jl	outler@energy.	state.ca.us				
Signature of Autho	orized R	epresentative:	Signed Electr	ronically		Date Signed: 05/12/2008	

Application for Federal Assistance SF-424 Version 02							
Application for Federal Assist			Version 02				
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):					
Preapplication	X New	* Other (Specify)					
Application	Continuation	Опет (Зреску)					
Changed/Corrected Application	Revision						
* 3. Date Received: Completed by Grants.gov upon submission.	Applicant Identifier:						
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	RECEIVED				
			OCT 2 9 2008				
State Use Only:			001 2 9 2000				
6. Date Received by State:	7. State Application	n Identifier,	STATE CLEARING HOUSE				
8. APPLICANT INFORMATION:							
* a. Legal Name: Save Our Shore	S						
* b. Employer/Taxpayer Identification Nu	ımber (EIN/TIN):	*c. Organizational DUNS:					
942745941		611973988					
d. Address:							
*Street1: 345 Lake Ave:	nue, Suite A						
Street2:							
* City: Santa Cruz							
County:							
* State:		CA: California					
Province:							
* Country:		USA: UNITED STATES					
* Zip / Postal Code: 95062							
e. Organizational Unit:							
Department Name:		Division Name:					
f. Name and contact information of p	person to be contacted on m	natters involving this application:					
Prefix: Ms.	* First Nam	Laura					
Middle Name:							
* Last Name: Kasa							
Suffix:							
Title: Executive Director							
Organizational Affiliation:							
		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
* Telephone Number: (831) 462-56	560	Fax Number: (831)	462-6070				
*Email: 1kasa@saveourshores.o	rg						

M: Nooprofit with 501c3 TRS Status (Other than Institution of Higher Education) Type of Applicant 3: Select Applicant Type: "You of Applicant 3: Select Applicant Type: "You of Applicant 3: Select Applicant Type: "You will be a select Applicant Type: "You will be a select Applicant Type: "You of Applicant 3: Select Applicant Select Type: "You of Applicant 3: Select Applicant Select Type: "You of Applicant 3: Select Applicant Select Type: "You of Applicant 3: Select Applicant Type: "You of Applicant 3: Select Applicant Select Type: "You of Applicant 3: Select Applicant Select Type: "You of Applicant 3: Select Applicant Type: "You of	Application for Federal Assistance SF-424	Version 02
Type of Applicant 3: Select Applicant Type: Type of Applicant 3: Select Applicant Type: "Other (appecity): "10. Name of Federal Agency: National Oceanic and Atmospheric Againistration 11. 463 DFDA Time: #abitat Conservation *12. Funding Opportunity Number: ***MRES-HEDD-2009-2001503 Time: ##SELED-2009-2001503 ***Time: ##SELED-2009-2001504 ***Time: ***Time: ***Time: ***Areas Affected by Project (Cities, Counties, States, etc.): ***Senta Cruz County, CA ***Is. Descriptive Title of Applicant's Project: "Save Our Shores: Retabilishing an Adopt-A-River Program in Sents Cruz County" ***Wach supporting documents as specified in agency instructions.	9. Type of Applicant 1: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type: "Other (specify): "Other (specify): "10. Name of Pederal Agency: National Oceanic and Atmospheric Administration 11. Catalog of Pederal Domestic Assistance Number: 11. 463 [PDA Title: "12. Funding Opportunity Number: NAMES - RCPG-2009-2001501. "Title: PY2009 Conseardity-based Marine Bebris Frevention and Removal Project Grants 13. Competition Identification Number: 2120171 File: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: "Save Cur Stores: Retablishing an Adopt-A-River Program in Sents Cruz County" Natch supporting documents as specified in agency instructions.	M: Nonprofit with 50103 IRS Status (Other than Institution of Higher Education)	
Cother (specify): **10. Name of Federal Agency: Nactional Oceanic and Atmospheric Administration **11. 463 **PDA Title: **Rabitat Conservation **12. Funding Opportunity Number: **NORTH REPORT OF Community - based Marine Debris Prevention and Removal Project Grants **13. Competition Identification Number: **13. Competition Identification Number: **13. Competition Identification Number: **14. Areas Affected by Project (Cities, Counties, States, etc.): **15. Descriptive Title of Applicant's Project: **Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County **Name of Federal Agency Instructions.**	Type of Applicant 2: Select Applicant Type:	
Cother (specify): **10. Name of Federal Agency: Nactional Oceanic and Atmospheric Administration **11. 463 **PDA Title: **Rabitat Conservation **12. Funding Opportunity Number: **NORTH REPORT OF Community - based Marine Debris Prevention and Removal Project Grants **13. Competition Identification Number: **13. Competition Identification Number: **13. Competition Identification Number: **14. Areas Affected by Project (Cities, Counties, States, etc.): **15. Descriptive Title of Applicant's Project: **Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County **Name of Federal Agency Instructions.**		
**Tot. Name of Federal Agency: National Oceanic and Atmospheric Administration 11. Catalog of Foderal Domestic Assistance Number: 11. 463 CDDA Tille: Habitat Conservation 12. Funding Opportunity Number: NMFS-HCF0-2005-2001501 TILL: FY2005 Community-based Marine Debris Prevention and Removal Project Grants 13. Competition Identification Number: 21.20171 Title: 14. Areas Affected by Project (Cities, Countles, States, etc.): 15. Descriptive Title of Applicant's Project: 15. Descriptive Title of Applicant's Project: 15. Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 15. Santa Cruz Sources: Establishing an Adopt-A-Priver Program in Santa Cruz County* Nach supporting documents as specified in agency instructions.	Type of Applicant 3: Select Applicant Type:	_
**Tot. Name of Federal Agency: National Oceanic and Atmospheric Administration 11. Catalog of Foderal Domestic Assistance Number: 11. 463 CDDA Tille: Habitat Conservation 12. Funding Opportunity Number: NMFS-HCF0-2005-2001501 TILL: FY2005 Community-based Marine Debris Prevention and Removal Project Grants 13. Competition Identification Number: 21.20171 Title: 14. Areas Affected by Project (Cities, Countles, States, etc.): 15. Descriptive Title of Applicant's Project: 15. Descriptive Title of Applicant's Project: 15. Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 15. Santa Cruz Sources: Establishing an Adopt-A-Priver Program in Santa Cruz County* Nach supporting documents as specified in agency instructions.		
National Oceanic and Atmospheric Administration 11. Catalog of Federal Domestic Assistance Number: 11. 463 CFDA Title: Habitat Conservation 12. Funding Opportunity Number: NMFS-RCPO-2005-2001501 Title: FY2309 Community-based Marine Debris Prevention and Removal Project Grants 13. Competition Identification Number: 21.20171 File: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" With the supporting documents as specified in agency instructions.	* Other (specify):	
National Oceanic and Atmospheric Administration 11. Catalog of Federal Domestic Assistance Number: 11. 463 CFDA Title: Habitat Conservation 12. Funding Opportunity Number: NMFS-RCPO-2005-2001501 Title: FY2309 Community-based Marine Debris Prevention and Removal Project Grants 13. Competition Identification Number: 21.20171 File: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" With the supporting documents as specified in agency instructions.		
11. 463 CFDA Tille: Rabitat Conservation 12. Funding Opportunity Number: WMFS-RCPO-2009-2001501 Tille: FY2009 Community-based Marine Debris Prevention and Removal Project Grants 13. Competition Identification Number: 2120171 File: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 15 ave Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Watch supporting documents as specified in agency instructions.	* 10. Name of Federal Agency:	
TIL 463 CFDA Tile: Habitat Conservation 12. Funding Opportunity Number: HMFS-RCPO-2009-2001501 Title: FY2009 Community-based Marite Debris Prevention and Removal Project Grants 13. Competition Identification Number: 2120171 Fife: 14. Areas Affected by Project (Cities, Countles, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 15. Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Hatch supporting documents as specified in agency instructions.	National Oceanic and Atmospheric Administration	
CFDA TNIc: Habitat Conservation 12. Funding Opportunity Number: INNFS-RCPO-2005-2001501 Title: FY2009 Community-based Marine Debris Prevention and Removal Project Grants 13. Competition Identification Number: 2120171 File: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County"	11. Catalog of Federal Domestic Assistance Number:	
### 12. Funding Opportunity Number: 12. Funding Opportunity Number: 13. Funding Opportunity Number: 15. Competition Identification Number: 16. Areas Affected by Project (Cities, Counties, States, etc.): 16. County, CA	11.463	
12. Funding Opportunity Number: RMFS-RCPO-2005-2001501 Title: FY2009 Community-based Marine Debris Prevention and Removal Project Grants 13. Competition Identification Number: 2120171 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 15ave Cur Shores: Establishing an Adopt-A-River Program in Santa Cruz County* Mach supporting documents as specified in agency instructions.	CFDA Title:	
Title: FY2009 Community-based Marine Debris Prevention and Removal Project Grants 13. Competition Identification Number: 2120171 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: "Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.	Habitat Conservation	
Title: FY2009 Community-based Marine Debris Prevention and Removal Project Grants 13. Competition Identification Number: 2120171 Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: "Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.		
Title: FY2009 Community-based Marine Debris Prevention and Removal Project Grants 13. Competition Identification Number: 2120171 Fitle: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.	* 12. Funding Opportunity Number:	
13. Competition Identification Number: 2120171 Fitle: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 15 ave Our Shores: Establishing an Adopt—A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.	NMFS-HCPO-2009-2001501	
13. Competition Identification Number: 2120171 Tritle: 14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: "Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.	* Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.	FY2009 Community-based Marine Debris Prevention and Removal Project Grants	
14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.		
14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.		
It. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.	13. Competition Identification Number:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Cruz County, CA 15. Descriptive Title of Applicant's Project: 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.	2120171	
15. Descriptive Title of Applicant's Project: 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.	Title:	
15. Descriptive Title of Applicant's Project: 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.		
15. Descriptive Title of Applicant's Project: 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.		
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15. Descriptive Title of Applicant's Project: 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.		
15. Descriptive Title of Applicant's Project: 'Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.		
Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.	Santa Ciuz County, CA	
Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.		ĺ
Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County" Attach supporting documents as specified in agency instructions.		
Attach supporting documents as specified in agency instructions.	* 15. Descriptive Title of Applicant's Project:	
	"Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County"	
Add Attachments [10.1.10. [310.asign.com ts]	Attach supporting documents as specified in agency instructions.	
	Add Attachments 50.000 Studynesias 60.000 Studynesi	

Application for Federal Assistance SF-424	Version 02					
16. Congressional Districts Of:						
* a. Applicant 14 * b. Program/Project 14						
Attach an additional list of Program/Project Congressional Districts if needed.						
Add Attachment (Number of Life Lett) (18 to 18 t						
17. Proposed Project:	•					
*a. Start Date: 06/01/2009 *b. End Date: 05/31/2011						
18. Estimated Funding (\$):						
a. Federal 149, 848.00						
* b. Applicant 0.00						
*c. State 50,000.00						
*d. Local 99,856.00	İ					
*e. Other 0.00						
*f. Program Income 0.00						
*g. TOTAL 299,704.00						
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?						
a. This application was made available to the State under the Executive Order 12372 Process for review on 10/29/2008						
b. Program is subject to E.O. 12372 but has not been selected by the State for review.						
c. Program is not covered by E.O. 12372,						
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)						
Yes X No Separation of Any rederal Debt? (if Yes , provide explanation.)						
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) X ** I AGREE						
** The list of ceftifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.						
Authorized Representative:						
Prefix: Ks. *First Name: Laura						
Middle Name:						
* Last Name: Kasa						
Suffix:						
*Title: Executive Director						
*Telephone Number: (831) 452-5660 ext. 8# Fax Number: (831) 462-6070						
*Email: 1kasa@saveourshores.org						
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.						

IN/5P/5NAR N\:53 RN2P243PR4

FAGE E



Grant Application Package

Opportunity Title:	FY 2009 Open Rivers Initiative)			ereges who have a tegranor	militaria a principalitaria salignia	e esta esta esta esta esta esta esta est
Offering Agency:	National Oceanic and Atmospher	ic Administ	tration				
CFDA Number:	11,463	Transfer and the second	Was managed and account of the contract of the				
CFDA Description:	Habitat Conservation	BE	EIVED	_			
Opportunity Number:	NMFS-HCPO-2009-2001496		Tomas W Land				
Competition ID:	2119945	I OCT	2 9 2000	4			
Opportunity Open Date:	07/11/2008	1	2008	1			
Opportunity Close Date:	10/31/2008	STATE CL	EARING HOUSE				
Agency Contact:	For further information contact (Tisa. Shostikenoaa.gov) or Mel Gangeenoaa.gov) at (301) 713-0174. Potential applicantact NOAA	t Tisa Shor anie Gange icants are	(Melanie.				
I will be submitting a organization. * Application Filing Name	pplications on my behalf, and not on b	ehalf of a con	npany, state, local (or tribal gove	rnment, acad	damia, or other	type of
Mandatory Documents		Move Farm to Complete Move Farm to Delete	Mandatory Docu Project Narra: Budget Narrat: CD511 Form Assurances fo: Budget Inform	tive Attach ive Attach r Non-Consi	nment Form ment Form cruction P	rograms (Sf-	
Optional Documents Disclosure of Lobby:	ing Activities (SF-LLL)	Mave Form to Submission List Mave Form to Delete	Optional Docum	ents for Subr		in the second	
	,						

Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- To open and complete a form, simply click on the form's name to select the item and then click on the ⇒ button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, acroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

Click the "Save & Submit" button to submit your application to Granta.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by ollowing on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants, gov username and password. Follow all onacreen instructions for submission.

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Application for Federal Assistance SF-424									Version	02
* 1. Type of Submission	an:	10200	e of Application:	- 111	Revision, select a	ppropriate letter(8):			
Preapplication New			w				, Marie			
X Application		☐ Co	ntlnuation	• Ot	ther (Specify)					
Changed/Correc	cted Application	Re	vision		w					
* 3. Date Received:		4. Applic	ant Identifier;			· · · · · · · · · · · · · · · · · · ·				
Completed by Grants.gov	upon aubmission.							TO SECRETARIO DE LOS COMOS PARA POR COMO DE LA COMO DEL LA COMO DE LA COMO DE LA COMO DE LA COMO DE LA COMO DEL	The state of the state of	
5a. Federal Entity Iden	ntifier:		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Τ,	5b. Federal Aw	ard Identifier:		RECEIVE	-D	
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State Use Only:	<u> </u>								J8 	-
6. Date Received by S	tale:	$\neg 1$	7. State Application	Ider	ntifier:			STATE GLEARING F	OUSE	
8. APPLICANT INFO								Brown and Control of the Control of		
•		RA, GEN	VERAL SERVICES	ACI	ENCY			~		$\overline{}$
* b. Employer/Texpaye				_	c. Organization	ni Di INIG				
95~6000944	e identification Num	noer (EIN	TTIN).	1 -	066691122	BI DUNS.				
33 0000344					700091122					
d. Address:	,,,	Mark	11111				-			
* Street1:	800 S. VICTOR	IA AVEN	UE							
Street2:				7,11						
* City:	VENTURA			•	W-42	#u			. <u></u>	
County:	Missis		- Paralle		OWALL THE PARTY OF					
* State:	TALL III	UR-W.	4 × 1 × 1 × 1 × 1		CA: Cali	fornia				
Province:					-					J.
Country:			- VA		USA: UNITE	D STATES		и		
* Zip / Postal Code:	93009	-	V					Was t		
e. Organizational Un	ilt:									
Department Name:	<u>, </u>			T	Division Name:	,		***		
GENERAL SERVICE	S AGENCY				PARKS					
f. Name and contact	information of pe	rson to l	be contacted on m	atte	rs involving th	ls application:		·		
Prefix: Ms.		7	* First Name	a:	Theresa			V	***	ī
Middle Name:	- Venture .							W		
* Last Name: Lubi	Last Name: Lubin						7			
Suffix;										
Title: Program Adm	Title: Program Administrator									
Organizational Affiliation	on:			-					-,	
Manager, Parks N			****			~~~	~_~			
Telephone Number:	(805) 654-396	58			Fax N	umber: (805)	654-36	84	-	$\overline{}$
Email: theresa.l	ubin@ventura.	org			7 (1)		77			<u>~</u> .

8056543684

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	A CONTRACTOR OF THE CONTRACTOR
B: County Government	
Type of Applicant 2: Select Applicant Type:	_
	J
Type of Applicant 3: Select Applicant Type:	7
" Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.463	
CFDA Title:	
Habitat Conservation	
* 12. Funding Opportunity Number:	
NMFS-HCPO-2009-2001496	
* Title:	
FY 2009 Open Rivers Initiative	ĺ
13. Competition Identification Number:	
2119945	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Ventura County	
* 16. Descriptive Title of Applicant's Project:	
OJAI VALLEY TRAIL BRIDGE	
Attach supporting documents as specified in agency instructions.	ļ
Add Attachinents Delete Attachinents View Atlachments	

PAGE 04

Application	for Federal Assistance	ce SF-424	***************************************				Version 02
16. Congressi	onal Districts Of:						
* a. Applicant	23			• b. Pro	ogram/Project 24		
Attach an additi	ional list of Program/Project (Congressional Districts if need	ed.				
		At a Auguntinent C	elete Attacl	ment	View Attachment		
17, Proposed	Project:				V		
* a. Start Date:	07/01/2009				* b. End Date: 06/30	7/2011	
18. Estimated	Funding (\$):		100000000000000000000000000000000000000				
⁼a. Federal		250,000.00					
* b. Applicant		48,516.00					
°c. State		482,234.00					
* d. Local		15,000.00					
* e. Other		0.00					
*f. Program In-	come	0.00					
"g. TOTAL		795,750.00					
b. Program	To Salabar or	ole to the State under the Ex but has not been selected to 2372.			rocess for review on	10/29/2008	
* 20. Is the Ap	plicant Delinquent On An	y Federal Debt? (If "Yes", p	rovide exp	lanation.)			
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may aubject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) X ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.							
Authorized Re	Authorized Representative:						
Prefix;	Mr.	* First Name:	Paul		1 2		
Middle Name:	s -						
* Last Name:	Grossgold				-		
Suffix:							
Title; Di	irector						
* Telephone Number: (805) 654-3800 Fax Number:							
· Email: paul	.grossgold@ventura.c	org	<u> </u>				
• Signature of A	authorized Representative:	Completed by Granta.gov upon su	omlesion.	* Date Sign	ned: Completed by Gran	is,gov upon aubmission.	

619-594-4950

Application for Federal Assista	ince SF-424		Ve	rsion 02			
		FIFTH Island asless appropriate letter/s)					
1. Type of Submission:		" If Revision, select appropriate letter(a):					
Preapplication	New	* Other (Specify)					
Application		Oliver (Opeday)					
Changed/Coπected Application	Revision						
*3, Date Received: Completed by Grants.gov upon submission.							
Sa. Federal Entity Identifier:		5b. Federal Award Identifier:					
State Use Only:			RECEIVED				
6. Date Received by State:	7. State Application	Identifier:	OCT 2 9 2008				
B. APPLICANT INFORMATION:			OG!				
*a. Legal Name: San Diego State	University Research	Foundation	STATE CLEANING HOUSE				
b. Employer/Taxpayer Identification Nut		c. Organizational DUNS:	To plant the same of the same				
95-6042721	The state of the s	073371346					
d. Address:							
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*Streel1: 5250 Campanil	e Drive			4			
Street2:	h.						
City: San Diego							
County: San Diego							
* State:		CA: California					
Province:		in the second se					
* Country:		USA: UNITED STATES					
*Zip / Postal Code: 92182-1931	•						
e. Organizational Unit:	•	,					
Department Name;		Division Name:					
Sponsored Research		Development					
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: Mr.	* First Name	o: Eugene					
Middle Name:							
*Last Name: Stein	A. R. Hall Management and						
Suffix:							
Title: Director							
Organizational Affiliation:							
* Talephone Number: 619.594.5731		Fax Numbur: 619.59	94.4950	(70000000000000000000000000000000000000			
*Email: awards@foundation.sds	u.edu						

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	-
M: Nonprofit with 501C3 IRS Statut (Other than Institution of Higher Education)	
Type of Applicant 2; Select Applicant Type:	_
Type of Applicant 3: Select Applicant Type:	
Other (specify):	
₹ 10. Name of Federal Ageпcy:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.420	
CFDA Title:	
Coastal Zone Management Estuatine Research Reserves	
*12. Funding Opportunity Number:	
NOS-OCRM-2009-2001452	
* Title:	
National Estuarine Research Reserve Gradusto Research Fellowship Program FY09	
13. Competition Identification Number:	
2118581	
Title:	
At Assert Affects of the Buriotal (Chief County)	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Impacts of natural and anthropogenic forces on methane fluxes in the Tijuana River Estuary	
Altach supporting documents as specified in agency instructions.	
Add Attachments Delote Attachments View Attachments	

FROM-RCS

Application	for Federal Assistar	ce SF-424	VV		Version 02				
16. Congressi	onal Districts Of:								
* a. Applicant	CA-53		* b.	Program/Project CA-53					
Attach an additi	Attach an additional list of Program/Project Congressional Districts if needed.								
		Add Attachment	elote Atlachment	View Attachmont	_				
17. Proposed	Project:				•				
a. Start Date:	07/01/2009			• b. End Date: 06/30/.	2011				
18, Estimated	Funding (\$):		and the second s						
" a. Federal		60,000.00							
b. Applicant		35,716.00							
- c. State		0.00							
d. Local		0.00							
* e. Other		0.00							
1. Program in	come	0.00							
g. TOTAL		85,716.00							
x a, This ap b. Prograr c. Prograr	plication was made availed in is subject to E.O. 1237; in is not covered by E.O.	By State Under Executive On the Education of the State under the Education of the Education	xecutive Order 1237; by the State for revie	2 Process for review on w.	10/29/2008				
Yes	X No	Explanation :							
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001) X ** I AGREE "The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.									
Authorized Representative:									
Prefix:	Ms.	* First Name:	Camille						
Middle Name:									
* Last Name:	Nebekor								
Suffix:									
*Title: Diroctor of Research Affairs									
• Telephone Nu	* Telephone Number: 619.591.5938 Fax Number: 619.591.4109								
" Email: awar	ds@foundation.sdsu	. edu							
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.									

Application for	Federal Assista	nce SF-	424				Version 02
• 1. Type of Submissi	lan:	* 2. Type	of Application:	If Re	vision, select appropriate letter(s):	
Preapplication		X New					
X Application		Cor	tinuation '	Othe	r (Specify)		
Changed/Corre	scted Application	Rev	rision [
						RECEIVED	
* 3. Date Received: Completed by Grants.por	v upon submission.	4. Applica	ent Identifier.			207 0 2 2000	
		L		_		OCT 2 9 2008	
5a. Federal Entity Ide	entifier:		}	*5	b. Federal Award (dentifier:		
						STATE CLEARING HOUSE	
State Use Only:						The second secon	
6. Date Received by	State:		7. State Application	denti	fier:		
B. APPLICANT INFO	ORMATION:						
* a. Legal Name:	he Regents of	the Uni	versity of Cal	ifor	nia		
* b. Employer/Taxpay				7	Organizational DUNS:		
94-6036494	,			1	7120084		
				_			
d. Address:							
* Street1:	Office of Res	earch					
Street2:	Sponsored Pro	grams			· · · · · · · · · · · · · · · · · · ·		
* City:	1850 Research	Park D	ive, Suite 300)			
County:	Yolo						
* State:					CA: California		
Province:							
* Country:					USA: UNITED STATES		
* Zip / Postal Code:	95618						
e. Organizational U	nit						
Department Name:				Div	ision Name:	•	
Environmental S	Science & Poli	~V		1	ioron (tains,		
Ziii Ziii Ciicuz				<u> </u>			
f. Name and contac	t Information of pe	erson to b	e contacted on ma	tters	involving this application:		
Prefix:			* First Name:		Shirley		
Middle Name:							
* Last Name: Hol	m.				*		
Suffix:		1					
Title: Contracts	and Grants Coo	rdinato	r				
Organizational Affiliat	ion:						
* Telephone Number:	530-754-5363				Fax Number: 530-7	52-3350	
*Email: sholm@uc	davis.edu		AAAAAAA .				
DIOI MIG WO		***************************************					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education]
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
]
* Other (specify):	-
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.420	
CFDA Title:	
Coastal Zone Management Estuarine Research Reserves	
* 12. Funding Opportunity Number:	
NOS-OCRM-2009-2001452	
* Title:	
National Estuarine Research Reserve Graduate Research Fellowship Program FY09	
13. Competition Identification Number:	
2118581	
Title:	
·	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Marin County, California	
* 15. Descriptive Title of Applicant's Project:	
Consequences of invasive cysters and climate change on native cysters in San Francisco Bay	
· ·	
Attach supporting documents as specified in agency instructions.	
ACT ALEROHOFICE DESCRIPTION OF THE STATE OF	

Application for Federal Assistance SF-4	24 Version 02
16. Congressional Districts Of:	
*a. Applicant CA-001	* b. Program/Project CA-001
Attach an additional list of Program/Project Congress	
	Machine Telephone Telephon
17. Proposed Project:	
*a. Start Date: 06/01/2009	* b. End Date: 05/31/2012
18. Estimated Funding (S):	
* a. Federal 60	000.00
* b. Applicant 33	3, 750.00
* c. State	
* d. Lacal	
*e. Other	
* f. Program Income	
*g. TOTAL 93	750.00
* 19. is Application Subject to Review By State I	Inder Executive Order 12372 Process?
a. This application was made available to the	State under the Executive Order 12372 Process for review on 10/29/2008
b. Program is subject to E.O. 12372 but has a	not been selected by the State for review.
c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federa	Debt? (If "Yes", provide explanation.)
Yes X No	
herein are true, complete and accurate to the	the statements contained in the list of certifications** and (2) that the statements best of my knowledge. It also provide the required assurances** and agree to ward. I am aware that any false, fictitious, or fraudulent statements or claims may enables. (U.S. Code, Title 218, Section 1001)
X "1AGREE	
** The list of certifications and essurances, or an in specific instructions.	nternet site where you may obtain this list, is contained in the announcement or agency
Authorized Representative:	
Prefix:	* First Name: May
Middle Name:	
*Last Name: Turner	
Suffix:	
*Title: Contracts and Grants Analys	
* Telephone Number: 530-754-6112	Fax Number: 530~754-8229
* Email: maturner@ucdavis.edu	
* Signature of Authorized Representative: Complete	by Grants gov upon submission.
Authorized for Local Reproduction	Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Fe	deral Assista	псе SF-424				Version 02
1. Type of Submission Preapplication Application Changed/Corrects 3. Date Received: Completed by Grants.gov up:	ed Application	* 2. Type of Application: X New Continuation Revision 4. Applicant Identifier:		If Revision, select appropriate letter Other (Specify)	(s):	
5a. Federal Enity Identif	fier:			▼ 5b. Federal Award Identifier:	RECEIVED	
State Use Only:					OCT 3 0 2008	
6. Date Received by Sta	ite:	7. State Applicat	ion b	lentifier;	A TARTE OF TARING HOUSE	
8. APPLICANT INFORM	MATION:				STATE CLEARING HOUSE	
a. Legal Name: The	Board of Rec	gents of the Univer	sit	y of Wisconsin System		
b. Employer/Taxpayer	Identification Num	nber (EIN/TIN):		* c. Organizational DUNS:		
d. Address:						
- Street1: Un	niversity of	Wisconsin-Madison,	RŞ	Р		
Street2: 21	N. Park Str	ceet, Suite 6401				
	adison					
County:		THE THEORY MAN		, , , , , , , , , , , , , , , , , , , ,		
* State:		us.		NY: New York		
^ Country:		110		USA: UNITED STATES		
* Zip / Postal Code: 53	715-1210	No. Inc.				٠.
e. Organizational Unit:						
Department Name:			П	Division Name;		
f. Name and contact in	nformation of pe	rson to be contacted on	mat	ters involving this application:		
Prefix:		* First Na	ame:	James		
Middle Name:	AMERICA					
Last Name: Dohert	ту				4	
Suffix:				ACCOUNT OF THE PARTY AND THE P		
Title:						
Organizational Affiliation:	:					
* Telephone Number: 6	077311 17 1			Fax Number:		
Email; jdoher:1@gmail.com						

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
ਸੇ: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
Other (specify):	
* 10. Name of Federal Agency:	450. A A A 450. A
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.420	
CFDA Title:	
Coastal Zone Management Estuarine Research Reserves	
12. Funding Opportunity Number:	
NOS-OCRM-2009-2001452	
• Title:	
National Estuarine Research Reserve Graduate Research Fellowship Program FY09	,
13. Competition Identification Number:	
2116581	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	·
A. Anders Amount by Project (orders) ordinary and ordinary	
* 15. Descriptive Title of Applicant's Project:	
The relationship of diversity and ecosystem functioning in the salt marsh plant communities of the Tijuana Estuary	
Attach supporting documents as specified in agency instructions.	
Add Khachmenta Pelete Attachmenta View Attachmenta	

Application for F	ederal Assistance	SF-424				Version 02
16. Congressional D	Districts Of:		•			
` a. Applicant 2			* b.	Program/Project 53		
Atlach an additional lis		ongressional Districts if need	ed.			
	E	Add Attachment De	elete Attacement	View Attachment		
17. Proposed Projec	at:					
* a. Start Date: 06/	01/2009	*		* b. End Date: 05/3	1/2010	
18. Estimated Fund	ng (\$):					
▼ a. Federal		20,000.00				
b. Applicant		8,572.00				
* c. State		0.00				
* d. Local		0.00				.c. (6)
* e. Other		0.00				÷
* f. Program Income		0.00				
g. TOTAL		28,572.00				
a. This application b. Program is su c. Program is not	b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)					
herein arc true, con comply with any res subject me to crimin	nplete and accurate ulting terms if I accep	(1) to the statements com to the best of my knowled it an award. I am aware the stive penalties. (U.S. Code	edge. I also provid at any false, fictitio	le the required assural us, or fraudulent staten	nces and agree to	
The list of the State				. :		
specific instructions.	ions and assurances, o	or an internet site where you	u may obtain this is	t, is contained in the ann	ouncement or agency	
Authorized Represen	ntative:		1			
Prefix:		* First Name:	Kim			
Middle Name:						
*Last Name: More	and	•				
Suffix:						
· Yille: Directo	or of Research an	d Sponsored Program	8			,
* Telephone Number:	*Telephone Number: 6082623822 Fax Number:					
* Email: kmorelan@	rsp.wisc.edu					
* Signature of Authorize	ed Representative:	completed by Grants.gov upon subr	mission. Date S	Signed: Completed by Gran	its.gov upon submission,	Sc.

Application for Federal Assistance SF-424			Version 02
* 1. Type of Submission: Preapplication Application Changed/Corrected Application * 2. Type of Application: Continuation Revision	* If Revision * Other (Sp	n, select appropriate k	etter(s):
* 3. Date Received: Completed by Grants.gov upon submission. 4. Applicant Identifier:			DEIVED
5a. Federal Entity Identifier:	* 5b. Fe	ederal Award Identifie	OCT 3 0 2008
State Use Only:			STATE CLEARING HOUSE
6. Date Received by State: 7. State Applica	tion Identifier:		STATE OLEAN
8. APPLICANT INFORMATION:			
*a.LegalName: California Department of Parks an	d Recreati	on	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 680303606	* c. Org	anizational DUNS:	
d. Address:			
* Street1: 9000 Highway 1 Street2: * City: Mendocino County: * State: Province: * Country: * Zip / Postal Code: 95460		A: California : UNITED STATES	
e. Organizational Unit:			
Department Name: Parks and Recreation	— I r——	Name:	
f. Name and contact information of person to be contacted or	n matters inv	olving this applicat	ion:
Prefix: Ms. * First N Middle Name: * Last Name: Pasquinelli Suffix:	ame: Ren	ee	
Title: Senior Environmental Scientist			
Organizational Affiliation:			
* Telephone Number: (707) 937-5721		Fax Number: (707) 937–2953
*Email: rpasquinelli@parks.ca.gov			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
A: State Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	٦
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.463	
CFDA Title:	
Habitat Conservation	
* 12. Funding Opportunity Number:	
NMFS-HCPO-2009-2001496	
* Title:	
FY 2009 Open Rivers Initiative	
13. Competition Identification Number:	V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-
2119945	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Mendocino, Fort Bragg, Albion, Little River, Mendocino County, California	
* 15. Descriptive Title of Applicant's Project:	
Glenbrook Gulch Anadromous Fish Habitat Restoration - Dam Removal, Excessive Sediment Reduction,	
and Instream Habitat Restoration	
Attach supporting documents as specified in agency instructions.	
Add Attachments View Attachments View Attachments	

Application	for Federal Assistanc	e SF-424						Version 02
16. Congressi	onal Districts Of:		,					
* a. Applicant	1st			* b. P	rogram/	Project 1st		
Attach an addit	Attach an additional list of Program/Project Congressional Districts if needed.							
		Add Attachment D	elete Attac	hment	View /	Attachment		
17. Proposed	Project:							
* a. Start Date:	12/15/2008				* b. E	nd Date: 06/01/203	11	
18. Estimated	Funding (\$):							
* a. Federal		247,444.42						
* b. Applicant		0.00						
* c. State		219,696.61						
* d. Local		0.00						
* e. Other		11,939.35						
* f. Program In	come	0.00						
* g. TOTAL		479,080.38						
b. Prograr c. Prograr * 20. Is the Ap	n is subject to E.O. 12372 n is not covered by E.O. 12	r Federal Debt? (If "Yes", p	y the State	for review.	Process	s for review on	10/30/2008].	
Yes	X No	Explanation						
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) X								
Authorized Re	epresentative:			763				
Prefix:	Ms.	* First Name:	Renee	t ayanan mara				
Middle Name:								
* Last Name:	Pasquinelli							
Suffix:						-		
* Title:	enior Environmental	Scientist						
* Telephone Nu	imber: (707) 937–5721	<u>-</u>		Fax Numbe	r: (70	7) 937-2953		
* Email: rpas	quinelli@parks.ca.gc	V		St. 4		<u>, , , , , , , , , , , , , , , , , , , </u>		
* Signature of A	authorized Representative:	Completed by Grants.gov upon su	bmission.	* Date Sig	gned:	Completed by Grants.gov	upon submission.	

Application for	Federal Assista	ince SF-424	· · · · · · · · · · · · · · · · · · ·	Version 02			
*1. Type of Submis	slon;	^2. Type of Application:	* If Revision, select appropriate letter(s):				
Preapplication	n	⋉ New					
X Application		Continuation	* Other (Specify)				
Changed/Cor	rected Application	Revision					
13. Date Received:		4. Applicant Identifier:		Marin Co.			
Completed by Granta.g	ov upon submission.			RECEIVED			
5a, Federal Emity Id	dentifier:		* 5b. Federal Award Identifier;	OCT 3 0 2008			
		•		3000			
State Use Only:				STATE CLEARING HOUSE			
6. Date Received by	State:	7. State Application	on Identifier:	The second secon			
8. APPLICANT INF	ORMATION:						
*a. Legal Name: [California Dopa	rtment of Parks and	Recreation				
* b. Employer/Texps	ayer Identification Nur	mber (EIN/TIN):	* c. Organizational DUNS:				
680303506			172070807				
d. Address:	**						
* Street1:	9000 Highway	T	The production of the state of				
Street2:			100000000000000000000000000000000000000				
- City:	Mendocinu						
County:							
- State:			CA: California				
Province:							
" Country:			usa: United States				
Zip / Postal Code:	95460		110000000000000000000000000000000000000				
e. Organizational i	Unit:						
Department Name:			Division Name:				
Porks and Reco	mahion		Mondosino District				
f. Name and conta	ct information of pe	arson to be contacted on i	matters involving this application:				
Prefix: Ma		* First Nar	ne: Ronce				
Middle Name:							
* Last Name: Por	squinell!	102					
Suffix:				44			
Title: Serior Bo	viconmental Sci	ienhist					
Organizational Affilla	atlon:						
~ Telephone Number	Fi (707) 937-572	1	Fax Number: ('/07) 937-	2953			
^Email: Միձեպան	nelli@parks.ca.	dox					
		- Verteinmen		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
A: State Government	
Type of Applicant 2: Select Applicant Type:	_
Type of Applicant 3: Soloci Applicant Type:	-
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number;	
11.463	
CFDA Title:	
Habitat Conservation	
* 12. Funding Opportunity Number:	
NMER-HCEO-2009-2001496	
" Title:	
FY 2009 Open Rivers Initiative	
13. Competition Identification Number:	
21.12945	
Title:	
	·
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Mendocino, Fort Bragg, Albion, Little River, Mendocino County, California	
* 16. Descriptive Title of Applicant's Project:	
Glenbrook Gulch Anadromous Fish Habitat Reshoration - Dam Hemoval, Excessive Sediment Reduction,	
and Instream Habitat Restoration	
Attach supporting documents as specified in agency instructions.	**
Add Attachments Delete Attachments View Attachments	

DPR MENDOCINO

PAGE 05/15

Application for Federal Assistar	nce SF-424 Ver	sion 02			
16. Congressional Districts Of:					
*a. Applicant 1.st	* b. Program/Project Lat				
Attach an additional list of Program/Project	Congressional Districts if needed.				
	Add Attachment Delete Attachment View Attachment				
17. Proposed Project:					
a. Start Oato: [12/35/2008]	ិb. End Date: <u>០៩/០៤/ ភព</u> ារ				
18. Estimated Funding (5):					
* 8. Federal	247,444.43				
* b. Applicant	0.00				
° c. Slain	23.9,696.61				
* d. Local	0.00				
*c. Other	11,030.30				
*f. Program Income	0-03				
*g, TOTAL	479,080.38				
a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372, * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation 21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)					
** The list of certifications and assurance specific instructions.	s, or an internet site where you may obtain this list, is contained in the announcement or egency				
Authorized Representative:					
Profix: Ms.	* First Name: Renee				
Middle Name:					
*Last Name: Pauquiinnilli					
Suffix:					
'Title: Sendor Environmental	Scientist				
*Telephone Number: (707) 937-5721.	Fax Number: (707) 937-2053				
*Email: rpasquinelli@parks.ca.q	OV				
*Signature of Authorized Representative:	Completed by Grants.gov upon submission. "Data Signed: Completed by Grants.gov upon submission.				
A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

Application for Federal Assistance SF-424 Version 02							
* 1. Type of Submiss Preapplication X Application Changed/Corr		X New	* If Revision, soloct appropriate letter(s); Other (Specify)	RECFIVED			
* 3. Date Received: 4. Applicant Identifier:				OCT 3 0 2008			
Sa. Federal Entity Identifier:			5b. Federal Award Identifior:	STATE CLEARING HOUSE			
State Use Only:							
6. Date Received by State: 7. State Application Identifier;							
8. APPLICANT INFORMATION:							
* a. Legal Name; T	he Regents of	the University of Cal	ifornis				
^ b. Employer/Texpayer Identification Number (EIN/TIN): 94-1539563			* c. Organizational DUNS: 125084723				
d. Address:		****					
* Street1:	The state of the s						
Street2: * City:	Santa Cruz	eer, c/o Office of Sp	onsored Projects				
County:	Santa Cluz	Sants Cruz					
⁻ State:	CA: California						
Province:							
* Country:		USA: UNITED STATES					
" Zip / Postal Code:	95064		- M-MANTE				
e. Organizational U	Jnit: —		T				
Dopartment Name:		Division Name:					
f. Name and contact information of person to be contacted on matters involving this application:							
Profix: pr. Middle Name:	AND THE PARTY OF T	* First Name	Adina				
	'taπ	d cultivities of the land					
Suffix:			MIV.				
Title:							
Organizational Affiliation:							
* Telephone Number: 831-459-1437 Fax Number:							
* Emall: apaytan@ucsc.edu							

EEB:BIOLOGY

OMB Number: 4040-0004 Expiration Date: 01/31/2009

PAGE 03/04

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	
Typo of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	_
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.420	
CFDA Title;	
Coastal Zone Management Estuarine Research Reserves	
* 12. Funding Opportunity Number: NOS-OCRM-2009-2001452	
*Title:	
National Estuarine Research Reserve Graduate Research Fellowship Program FY09	
13. Competition Identification Number:	
2118581	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
·	
15. Descriptive Title of Applicant's Project:	
Acidification of Coastal Waters and its effect on estuary habitat: A geologic record of Elkhorn Glough and pH variability in its sedimentary environments.	
Attach supporting documents as specified in agency instructions.	
Add Atlachments / Delete Attachments / View Attachments	

pplication for Federal Assistance SF-424	Version 02						
16. Congressional Districts Of:							
B. Applicant CA17							
Attach an additional list of Program/Project Congressional Districts if needed.							
Add Attachment Delete Attachment View Attachment							
17. Proposed Project:							
a. Start Date: 06/01/2009							
18. Estimated Funding (\$):							
a. Federal 60,000.00							
25,715.00							
7. State 0.00							
1. Local 0 . 00							
o. Other 0 . 0 0							
Program Income 0.00							
35,715.00	·						
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? X a. This application was made available to the State under the Executive Order 12372 Process for review on 11/03/2008 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.							
20. is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)] Yes X No Explanation							
21. *By signing this application, I certify (1) to the statements contained in the first of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.							
Authorized Representative:							
efix: Ms . Yelrs(Name: Wanda							
ddle Name: Jeanno							
* Last Name; Moody							
ffix:							
*Title: Contract and Grant Officer							
Telephone Number: 831-459-3136 Fax Number:							
*Email; wmoody@ucsc.edu							
Signature of Authorized Representative: wands moody Date Signed: 10/30/2008							

EEB:BIOLOGY